

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		2		
5						
6		2		2		
7						
8		2		2		
9						
10		2		2		
11						
12		2		2		
13						
14		2		2		
15						
16		2		2		
17						
18		2		2		
19						
20		2		2		
21						
22		2		2		
23						
24		2		2		
25						
26		2		2		
27						
28		2		2		
29						
30		2		2		
31						
32		2		2		
33						
34		2		2		
35						
36		2		2		
37						
38		2		2		
39						
40		2		2		
41						
42		2		2		
43						
44		2		2		
45						
46		2		2		
47						
48		2		2		
49						
50		2		2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2		2		
58		2		2		
59		2		2		
60		2		2		
61		2		2		
62		2		2		
63		2		2		
64		2		2		
65		2		2		
66		2		2		
67		2		2		
68		2		2		
69		2		2		
70		2		2		
71		2		2		
72		2		2		
73		2		2		
74		2		2		
75		2		2		
76		2		2		
77		2		2		
78		2		2		
79		2		2		
80		2		2		
81		2		2		
82		2		2		
83		2		2		
84	1					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			21			